

Cannabis Pest & Disease Diagnostic Request Form

Oregon Department of Agriculture
635 Capitol Street NE
Salem, OR 97301
<https://oda.direct/CannabisDiagnostics>



Oregon
Department
of Agriculture

For Internal Use Only: Date Received: _____ Received by: _____ Payment Received: _____ PCA: 34109/8202 or 43044/8202 Lab ID: _____
--

Both Marijuana and Hemp may be submitted for diagnostics. Marijuana samples *must* be submitted in person to the ODA. Hemp samples may be mailed. Additional instructions can be found at the end of this document.

Perform routine diagnosis only: \$70 Includes an overall plant health evaluation, visual and microscopic exam, culturing if applicable, and identification of potential pest or disease issues. The submitter will be notified if additional testing is recommended. Additional fees may apply and will be invoiced to submitter.	Perform any necessary tests: \$70 + fees Includes tests done in routine diagnosis and any additional molecular tests if necessary for complete diagnosis. Submitter will NOT be notified of additional tests and will be invoiced. \$70 fee is still due at the time of submission.
---	---

Submitter/Client Information:

Name:	Email:
Hemp Handler/Grower Registration Number:	
Address:	Phone:
City/State/Zip:	
Plant:	Date collected:
Cultivar/Variety:	Date sent/submitted:
Collection Location:	Plant part submitted:

Briefly describe the symptoms and what your specific concerns are.

Plant Part(s) Affected	General Appearance	Pest/Disease Distribution	Plant Location
Roots	Leaf spot/blight	General	Field
Crown	Leaf mottle	Evenly distributed	Nursery
Stem or branch	Stained/streaked	Grouped	Greenhouse
Leaves	Stunted	Low areas	Orchard
Flower	Yellowed	Upland areas	Vineyard
Fruit	Wilted	Cultivar specific	Landscape
Seeds	Other: _____	Other: _____	Other: _____

How long have these symptoms occurred?

List chemicals, fertilizers, or pesticides applied (include date, rate, method of application):

Conditions upon Signature: By submitting this request, I agree to pay all fees associated with the diagnostic services provided. Fees shall be charged as described in OAR 603-052-1150.

Signature of Applicant	Date
-------------------------------	-------------

Sample Submission Guidelines

General Rules:

- Complete all Submitter/Client Information. Forms with incomplete information will be returned without diagnoses performed. A separate form is required for each sample.
- Payment is due upon submission via check, credit card payment, or money order made payable to the Oregon Department of Agriculture.
- Drop-off hours are Monday through Friday, 8:00 am to 5:00 pm at the Plant Health or IPPM Laboratories, Room 247, 635 Capitol Street NE, Salem, OR 97301.
- If your marijuana plants are tracked in Metrc AND you are submitting a whole plant you must do a transfer manifest to the ODA Regulatory Lab prior to submitting your sample.
- If you are submitting a hemp sample, please include your hemp grower/handler registration information. The ODA will verify that your registration is current before accepting samples.

Sample Collection:

- If possible, take photographs of the diseased plants, observed pests, and their locations. Digital images can be emailed to PlantHealth@oda.state.or.us or plant-entomologists@oda.state.or.us. Printed pictures can also be included with samples.
- A sample can be made up of multiple items – try to include multiple plant parts (ie., leaves, stems, roots, or a whole plant) and specimens that represent all the symptoms observed.
- Samples should be dry – extra moisture encourages microbial growth and plant decay.
- Protect samples from crushing.
- If many mites or insects are observed, some can be collected directly into alcohol.

Fees

- Fees are assessed based on OAR 603-052-1150.
- For a routine diagnosis, a flat-fee of \$70 is due upon receipt of sample. This includes a consultation with ODA Plant Health or IPPM staff and an overall evaluation, including a microscopic exam, culturing and visual identification of potential pests and pathogens. If necessary, soil pH and soluble salts tests will be performed.
- Additional tests can be included at the submitter's request to confirm diagnosis; they will be billed accordingly.

More Questions? Please Contact Us!

Plant Health – Salem Office

Email: PlantHealth@oda.state.or.us

Phone: 503-986-4620

Robin Ludy

Plant Health Program Specialist

Email: rludy@oda.state.or.us

Phone: 503-986-4658

Elizabeth Savory, PhD

Plant Health Program Manager

Email: esavory@oda.state.or.us

Phone: 503-986-4570

Insect Pest Prevention and Management – Salem Office

Email: plant-entomologists@oda.state.or.us

Phone: 503-986-4636

Josh Vlach

Entomologist

Email: jvlach@oda.state.or.us

Phone: 503-986-6458

Jake Bodart

IPPM Manager

Email: jbodart@oda.state.or.us

Phone: 503-986-4663